

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000331

042

1000

148

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Joseph

Length of stay in 1b

12 years

c. CITY
OR
TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Missouri Methodist Hosp.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

203 Michigan

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JAMES

ALLEN

EDWARDS

4. DATE
OF
DEATH

Month

Day

Year

February 5, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6/5/1934

9. AGE (last birthday)

27

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

adjuster

10b. KIND OF BUSINESS OR INDUSTRY

Tablet Factory

11. BIRTHPLACE (City and state or country)

Sioux Falls, S. Dak.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Edwards

13b. MOTHER'S MAIDEN NAME

Ruby McQuigg

14. NAME OF HUSBAND OR WIFE

Myrna M. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

yes

(If yes, give war or dates of service)

Korean

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Myrna Edwards, 203 Michigan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gen. Lympho Sarcoma

INTERVAL BETWEEN

ONSET AND DEATH

3 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 61 to Jan 62 and last saw her alive on 2-1-62
Death occurred at 6:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

2/7/1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Heaton-Bowman, St. Joseph, Mo.

Feb. 9, 1962

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1962

FEB 23 1962

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spading

Licensed Embalmer No. 4535

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.